

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3671AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2009
NAME OF PROVIDER OR SUPPLIER ALZHEIMERS LUXURY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2951 VIKING ROAD LAS VEGAS, NV 89121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation initiated 7/15/09 and completed during an annual State Licensure survey conducted at your facility on 8/5/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility was licensed for nine Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was eight. Eight resident files were reviewed and five employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D.</p> <p>Complaint #NV00022541 was substantiated.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 430 SS=E	<p>449.229(1) Protection from Fire</p> <p>NAC 449.229</p> <p>1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal.</p>	Y 430		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 430	Continued From page 1 This Regulation is not met as evidenced by: Based on observation on 8/5/09, the facility failed to ensure compliance with the regulations adopted by the State Fire Marshal. The designated exit out of the game room was completely blocked which impedes egress of the residents in case of a fire. Severity: 2 Scope: 2	Y 430			
Y 445 SS=F	449.229(10) Exit doors NAC 449.229 10. An exit door in a residential facility must not be equipped with a lock which requires a key to open it from the inside unless approved by the State Fire Marshall or his designee. This Regulation is not met as evidenced by: Based on observation on 8/5/09, the facility failed to ensure the front door was not equipped with a lock that required a key to open it from the inside. Severity: 2 Scope: 3	Y 445			
Y 693 SS=D	449.2712(2) Oxygen-Caregiver monitor resident ability NAC 449.2712 2. The caregivers employed by a residential	Y 693			

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Y 693	<p>Continued From page 2</p> <p>facility with a resident who requires the use of oxygen shall:</p> <p>(a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician.</p> <p>(b) Ensure That:</p> <p>(1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen;</p> <p>(2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored;</p> <p>(3) Persons do not smoke in those areas where smoking is prohibited;</p> <p>(4) All electrical equipment is inspected for defects which may cause sparks.</p> <p>(5) All oxygen tanks kept in the facility are secured in a stand or to a wall;</p> <p>(6) The equipment used to administer oxygen is in good working condition;</p> <p>(7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and</p> <p>(8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident.</p> <p>This Regulation is not met as evidenced by: Based on observation on 8/5/09, the facility failed to secure oxygen tanks in a rack or to the wall</p>	Y 693		

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Y 693	Continued From page 3 (Bedroom #4). Severity: 2 Scope: 1	Y 693		
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review and interview on 8/5/09, the facility failed to ensure 2 of 8 residents received medications as prescribed (Resident #1, and #5). Severity: 2 Scope: 2	Y 878		
Y 908 SS=D	449.2746(2)(a)-(f) PRN Medication Record NAC 449.2746 2. A caregiver who administers medication to a resident as needed shall record the following information	Y 908		

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Y 908	Continued From page 4 concerning the administration of the medication: (a) The reason for the administration. (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. This Regulation is not met as evidenced by: Based on record review on 8/5/09, the facility failed to ensure the medication record was complete for 1 of 8 residents receiving as needed (PRN) medications (Resident #2). Severity: 2 Scope: 1	Y 908			
Y 936 SS=F	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.	Y 936			

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Y 936	Continued From page 5 This Regulation is not met as evidenced by: Based on record review on 8/5/09, the facility failed to ensure 2 of 8 residents complied with NAC 441A.380 regarding tuberculosis (Resident #6, and #8) which affected all residents. Resident #6 failed to have evidence of a positive TB test, although she had a negative chest x-ray in her file. Resident #8 failed to have evidence of a positive TB test or a chest x-ray, however did have an annual signs and symptoms dated 3/20/09. This was a repeat deficiency from the 12/17/08 State Licensure survey. Severity: 2 Scope: 3	Y 936		
Y 992 SS=F	449.2756(1)(c) Alzheimer's Fac awake staff NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (c) At least one member of the staff is awake and on duty at the facility at all times. This Regulation is not met as evidenced by: Based on interview and record review on 8/5/09, the facility failed to ensure a caregiver was awake and on duty at all times. Severity: 2 Scope: 3	Y 992		

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Y 994	Continued From page 6	Y 994			
Y 994 SS=F	<p>449.2756(1)(e) Alzheimer's fac knives</p> <p>NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents.</p> <p>This Regulation is not met as evidenced by: Based on observation on 8/5/09, the facility failed to ensure knives, scissors, nail file, nail clippers and large cooking fork were inaccessible to the residents.</p> <p>Severity: 2 Scope: 3</p>	Y 994			
Y 999 SS=F	<p>449.2754(1)(g) Alzheimer's Facility</p> <p>NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility.</p> <p>This Regulation is not met as evidenced by: Based on observation on 8/5/09, the facility failed</p>	Y 999			

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Y 999	Continued From page 7 to ensure all toxic substances were inaccessible to the residents. Bleach (4), home pest control, tilex, and paint were observed unsecured in the Garage. Outside cabinet on the patio contained sterno co-mingled with food, and tilex next to cooking oil. Severity: 2 Scope: 3	Y 999		

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